PTO/88/01A (09-04)

Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	COMPLIANT DIAPHRAGM FOR PLANAR MAGNETIC TRANSDUCERS		
As the below named inventor(s), I/we declare that:			
This declaration is directed to:			
	The attached application, or		
	Application No. <u>PCT/US03/25475</u> , filed on 14 August 2003		
	as amended on(if applicable);		
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;			
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;			
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all Information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.			
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.			
FULL NAM	E OF INVENTOR(S)		
Inventor one: THIGPEN, F. Bruce			
	T. Russe They Citizen of: United States		
	o:		
Signature:	Citizen of:		
Inventor three:			
Signature:	Citizen of:		
Inventor four:			
Signature:	Citizen of:		
Addit	invariers or a local expression to the company of the control of		

Additional Inventors or a legal representative are being named on

additional form(s) attached hereto.

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patenta, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTC/t8/a1 (11-04)

Approved for use through 11/30/2005, OMB 0651-0035

U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE

Application of information unless it displays a valid OMB control number.

Application Number Filing Date **POWER OF ATTORNEY** First Named Inventor THIGPEN, F. Bruce **CORRESPONDENCE ADDRESS** Compliant Diaphragm for Planar.... Art Unit INDICATION FORM **Examiner Name**

	Attorney Docket Number	14958NP		
The sale and				
I hereby revoke all previous powers of attorney give	en in the above-identified a	application.		
I hereby appoint:				
Practitioners associated with the Customer Number:	000293	A SA STREET		
OR L	<u> </u>			
Practitioner(s) named below:				
Name	Re	egiatration Number		
				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
Please recognize or change the correspondence address for the				
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number:				
OR				
The address associated with Customer Number:	000293	·		
Firm or Individual Name				
Address				
City				
Country	State	Zip		
Telephone				
I am the:	Fax			
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTC/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Signature				
Name F. Bruce Thispen	<u></u>	Date 1/28/05		
Title and Company		Telephone 850-575-5655		
NOTE: Signatures of all the inventors or assignees of record of the entire signature is required, see below.	Interest or their representativo(s) are	required. Submit multiple forms if more than one		

FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.